WELLINGTON

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Tree Removal Permit Application

(Single Family Residential)

PROPERTY OWNER/AGENT INFORMATION

Property address where trees are to be removed: _____

Property Control Number (PCN): If additional PCN's, list on a separate sheet and attach to the application.

   PCN: [   ] [   ] -- [   ] [   ] -- [   ] [   ] --[   ] [   ] -- [   ] [   ] -- [   ] [   ] [   ] -- [   ] [   ] [   ] [   ]

Property Owner(s) of Record _____Subdivision_____

Address: _____ City: _____ ST: _____ Zip: _____

Home Phone: _____Cell:_____ Fax: _____

Owner's E-Mail Address: _____

Agent/Company Name: _____

Phone: _____ Address: _____

Agent's E-Mail Address: _____

TREE INVENTORY

Total Number of Trees on the Property: _____ **Total Number of Tree(s) to be Removed**: _____

Types of Trees to be Removed: _____

Dead, Invasive or Prohibited Trees: Yes: _____No: _____ Number of Trees: _____

Justification–Please explain why the trees are to be removed: _____
_____

The tree(s) to be removed shall be tagged on-site (with ribbon/flag/mark) or attach a survey/drawing of the property showing the location of tree(s) to remain using an O symbol and an X symbol for the tree(s) to be removed.

OWNER/APPLICANT ACKNOWLEDGEMENT

I/We: _____, do hereby swear/affirm that I/we am/are the owner(s) of the property referenced in this application. I/We as the owner(s)/agent certify that the above statements and the statements or showings made in any paper or plans submitted herewith are true to the best of my/our knowledge and belief. Further, I/we understand that this application, attachments and fee become part of the official record of the Planning & Zoning Department of Wellington and the fee is non-refundable. I/We further consent to Wellington to publish, copy or reproduce any copyrighted document for any third party submitted with this application. I/We understand that any knowingly false information given by me/us will result in the denial, revocation or administrative withdrawal of the application or permit. I/We further, acknowledge that additional information may be required by Wellington in order to process this application. **I/We agree to pay the filing fee of $60.00, unless the tree(s) to be removed are/is dead, diseased or invasive.** I/we consent to Wellington inspection of the subject property pertaining to request described in the attached application.

I/We, the aforementioned owner(s), do hereby give consent to (Agent/Company Name) _____ to act on my/our behalf to submit this application, all required material and documents, and attend meetings and represent me/us pertaining to the request(s) described in the attached application. Furthermore, as owner(s) of the subject property, I/we hereby agree to and give consent to the party designated above to agree to all terms or conditions that may arise as part of the approval of this application for the proposed request.

Signature(s) of Property Owner(s) _____

Print Name(s) of Property Owner(s) _____

Signature(s) of Agent(s) _____

Print Name(s) of Agent(s) _____